TOWN OF KENNEBUNKPORT

APPLICATION FOR EMPLOYMENT

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)	mail completed app	lication to: Humar	n Resources, PO Box 566	Kennebunkpo	ort, ME 04046	
Position (s) Applied For				Date of Appli	cation	
How did you learn about the p	position you are applying for	r?				
☐ Advertisement ☐ Employment Agency	☐ Friend ☐ Relative		□ Walk-In □ Other			
Last Name	First Name				Middle Name	
Address Number	Street	Ci	ty	State	Zip Code	
Telephone Number (s)		Social Security Number				
If you are under 18 years	s of age, can you provi	de required proof of	your eligibility to work?	□ Yes	□ No	
Have you ever filed an a	pplication with us befo	ore?		□ Yes	\square No	
•	• •		Yes, give date			
Have you ever been emp	oloyed with us before?			\square Yes	\square No	
		If	Yes, give date			
Are you currently emplo	yed?			\square Yes	\square No	
May we contact your pre	esent employer?			\square Yes	\square No	
Are you prevented from						
country because of Visa Proof of citizenship or immign	-			□ Yes	\square No	
On what date would you	be available to work?					
Are you available to wor	☐ Tempora	ry				
Are you currently on "la	y-off" status and subje	ect to recall?		\square Yes	\square No	
Can you travel if job requires it?					\square No	
Have you ever been con Conviction will not necessaril				□ Yes	\square No	
If yes, you will be asked Are you physically or of	-	-	job for which you are appl	ving?□ Yes	□ No	

EDUCATION

		Hig	gh Scho	ool				raduate Univers				Graduate / Professional	
School Name & Location													
Level Completed	8	9	10	11	12	1	2	3	4	5			
Diploma / Degree													
Describe Course of Study		•											
Describe any spec	ialize	d train	ning, a	ppren	ticeshi	p, skil	ls and	extra-o	curricu	lar act	ivities		
Describe any hono	ors yo	u have	e recei	ved									
State any addition	al info	ormati	on you	ı feel	may b	e help	ful to 1	us in co	onside	ring yo	ou application	ı	
		Indi	icate d			langi	iages	уои сс			ad and/or v		o:-
Speak				Flue	nt				(Good		F	air
Read													
Write													
You may exclude	memb										and office he	ld dicap or other pro	tected status:
REFERENCE Give name, addre			hone r	numbe	er of th	ree re	ference	es who	are no	ot relat	ed to you and	are not previou	ıs emplovers
		_											
3													
Have you ever had	any jo	b-rela	ited tra	nining	in the	Unite	d State	es Mili	tary?			□ Voc	□ N ₂
If yes, please descri	ibe											☐ Yes	□ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employ	yed
		From	To Work Performed
Address			
Telephone Number	er	Hourly Rate/Sa	alary
		Starting Fi	inal
Job Title	Supervisor		
Reason For Leavi	ng		
Employer		Dates Employ From T	yed Fo Work Performed
Address			
Telephone Number	er	Hourly Rate/Sa Starting Fi	alary inal
Job Title	Supervisor		
Reason For Leavi	ng		
Employer		Dates Employ From 1	yed Work Performed
Address			
Telephone Number	er	Hourly Rate/Sa	alary
		Starting Fi	inal
Job Title	Supervisor		
Reason For Leavi	ng		
	If you need additiona	l space, please continue o	on a separate sheet of paper
	Qualifications		
arize special jo	b-related skills and qual	ifications acquired from em	ployment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment

relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date

Arrange Inter	view	□ Yes	\square No	
Remarks				
_				Interviewer Date
Employed	\square Yes	\square No	Date of Employment _	
Job Title			Hourly Rate / Salary	Department
	Ву	<i></i>		
		Name and Title		Date